

UNITED STATES District Court
Southern District of Illinois

SCANNED at MENARD and E-mailed
11-30-23 by JC SL pages
Date initials No.
23-3809-SPM

KEVIN LUNDY
Plaintiff

CASE NO. _____

V.

WEXFORD HEALTH SOURCES, INC.,
A. CHAIN, IDOC, JOHN DOE
LAWRENCE, RUHNERT, WILLS,
TOURVILLE, SNELL, MCAYLA

Defendants

1983 U.S.C. 42 Complaint

Plaintiff: KEVIN LUNDY # B-21613 P.O. Box 1000
MENARD, IL 62259 — MENARD CORRECTIONAL CENTER

DEFENDANTS:

- A.) Wextord — MEDICAL PROVIDER
- B.) A. CRAIN — HEALTH CARE UNIT ADMINISTRATIVE - HCUA
- C.) IDOC — ILLINOIS DEPT. OF CORRECTIONS
- D.) JOHN DOE — PLACEMENT OFFICER FROM 3/3/22 - 3/18/22
- E.) LAWRENCE — ADA - COORDINATOR
- F.) KUHNER — ADA - COORDINATOR
- G.) WILB — ACTING WARDEN
- H.) TOURVILLE — MAJOR/OFFICER
- I.) SNELL — LT./OFFICER
- J.) MCKAYLA — OFFICER

GRIEVANCE PROCESS

PLAINTIFF FILED GRIEVANCES & EXHAUSTED
ALL HIS AVAILABLE REMEDIES

PREVIOUS LAWSUITS

(3.)

STATEMENT OF CLAIMS

CLAIM # / ADA VIOLATION

1.) Plaintiff suffers from a debilitating medical condition that the Wexford Run staffed Health Care Unit (HCU) diagnosed him with this disability. To accommodate his disability the nurse practitioner prescribed him a low bunk low gallery permit so that he wouldn't have to attempt to get up on the top bunks & risk falling down & hurting himself.

2.) The bunk beds in Menard & throughout IDOC don't have ladders or steps in which a person can use to help in his trying to get up onto the top bunk & it is this reason that Plaintiff was provided with the medical permit for low gallery & low bunk because he had hurt his back, shoulder, head & had a foot injury as well & they knew that he wouldn't be able to get up onto the top bunk with these injuries
(5.)

/SERIOUS MEDICAL ISSUES & DISABILITY

3.) THE WEXFORD RUN¹ STAFFED HCU WERE PUT ON NOTICE ABOUT PLAINTIFF'S DISABILITY SINCE AT LEAST 2019 WHEN HE HURT HIS BACK, HEAD¹ & SHOULDER AFTER FALLING IN HIS CELL WHEN HE¹ SLIPPED.

4.) SINCE THAT INCIDENT PLAINTIFF WAS SEEN BY NURSE PRACTITIONER IN MARCH OF 2022 & IT WAS AT THAT TIME THAT HE WAS PRESCRIBED THE MEDICAL PERMIT TO ACCOMMODATE HIS DISABILITY & THIS PERMIT WAS DESIGNED TO ENSURE THAT PLAINTIFF BE PROVIDED WITH A LOW GALLERY CELL & A LOW BUNK (BOTTOM BUNK) WITHIN THIS CELL.

5.) THIS MEDICAL PERMIT WAS A MEDICAL TREATMENT ALSO, SO IF IT WASN'T HONORED BY PLACEMENT OR SECURITY THEN THIS WAS A VIOLATION TO THE AMERICAN'S WITH DISABILITIES ACT BECAUSE THIS STOPPED HIS DISABILITY FROM BEING ACCOMMODATED & IT INTERFERED WITH HIS MEDICAL CARE & TREATMENT AS WELL.

6.) PLAINTIFF WAS PLACED IN A CELL THAT WAS ALREADY OCCUPIED WITH ANOTHER INMATE WHO
(6.)

ALSO HAD A MEDICAL PERMIT FOR A LOW GALLERY LOW BUNK (LARRY PRICE) = AS A DIRECT RESULT OF THIS SITUATION PLAINTIFF'S DISABILITY WASN'T ACCOMMODATED = HE WAS FORCED TO TRY TO CLIMB UP ONTO THE TOP BUNK WHERE HE FELL TWICE = HURT HIS BACK, SHOULDERS, HEAD = FEET.

7.) PLAINTIFF HAD HIS FAMILY CALL THE WARDEN (WILLS) = PUT HIM ON NOTICE THAT HE WAS BEING DELIBERATELY DENIED ADA ACCOMODATION FOR HIS DISABILITY = THIS DEFENDANT DID NOTHING TO FIX OR RESOLVE PLAINTIFF BEING DENIED ADA ACCOMODATIONS. (EXHIBIT-A)

8.) MENARD HAS A PROCESS THAT THEY FOLLOW WHEN THE HCU/MEDICAL STAFF ISSUES A MEDICAL PERMIT THEY HAVE THE INMATE SIGN THE PERMIT FIRST = DATE IT = THEY TAKE THE WHITE COPY WHICH IS THE FIRST OR FRONT PAGE = THEY GIVE THE INMATE THE YELLOW COPY SO HE'LL HAVE A COPY TO SHOW IF HE'S ASKED TO SHOW IT.

9.) A COPY OF THE PERMIT IS GIVEN TO THE CELL HOUSE SO THEY'LL HAVE A COPY ON FILE, A COPY OF THE PERMIT IS GIVEN TO PLACEMENT (JOHN DOE), THE DIRECTOR OF NURSING (D.O.N. SECRETARY) SECRETARY, A
(7.)

COPY OF THE PERMIT IS PLACED INTO THE PLAINTIFF'S MEDICAL FILE/RECORDS; GIVEN OR PLACED INTO THE COMPUTER/ON FILE WITH THE "OFFENDER TRACKING SYSTEM" "OTS" .

10.) THESE COPIES OF HIS MEDICAL PERMIT SHOWED THAT PLAINTIFF HAD BEEN ISSUED A LOW GALLERY, LOW BUNKY MEDICAL PERMIT ON 3/3/22; THAT FACT WAS CONFIRMED BY THE MEMORANDUM DATED 3/27/23 BY ANGELA CHAIN (EXHIBIT-B), THE COPY OF HIS MEDICAL RECORD DATED 3/3/22 - (EXHIBIT-C) HIS GRIEVANCE OFFICER'S RESPONSE FOR GRIEVANCE # 214-S-22 . (EXHIBITS-B)

11.) DEFENDANTS WERE PUT ON NOTICE THAT PLAINTIFF HAD A MEDICAL CONDITION/ISSUE SO SERIOUS THAT IT REQUIRED HIM BEING PROVIDED WITH A MEDICAL PERMIT... WHICH IS A PRESCRIBED COURSE OF TREATMENT; THESE DEFENDANTS KNEW FROM THE EXHIBITS & FROM HIS MULTIPLE LETTERS TO THE ADA COORDINATOR FRANK LAWRENCE & JOLEEN KUNNEBT (EXHIBIT-E-F-G) THAT PLAINTIFF HAD THIS DISABILITY; THEY LEFT HIM WHERE HE WAS KNOWING THAT HE WAS BEING DENIED AN ACCOMODATION FOR HIS DISABILITY; THAT THIS SITUATION WOULD
(8.)

CAUSE HIM TO SUFFER UNNECESSARILY.

12.) THE PURPOSE OF HAVING AN ADA COORDINATOR IS SO THAT INMATES LIKE PLAINTIFF, WITH DISABILITIES CAN BE PROPERLY & ADEQUATELY CARED FOR & PROVIDED WITH THE NEEDED ACCOMODATIONS TO & FOR THEIR DIAGNOSED & KNOWN DISABILITIES, THAT'S WHY PLAINTIFF WROTE LAWRENCE & KUTNER THE LETTERS (EXHIBITS E-F-G) THAT HE WROTE TO PUT THEM ON NOTICE THAT HE WAS BEING DENIED AN ACCOMODATION FOR HIS DISABILITIES THAT THE MEDICAL STAFF ACKNOWLEDGED HE HAD.

13.) IDOC HAS THESE POSITIONS WITHIN EACH FACILITY & THE ADA COORDINATOR IS SUPPOSE TO MAKE SURE THOSE INMATES WITH DISABILITIES ARE PROVIDED WITH ADEQUATE ACCOMODATIONS FOR THEM, & PLAINTIFF'S DISABILITY WAS NOT TREATED ADEQUATELY BECAUSE THESE DEFENDANTS KNEW THAT PLAINTIFF WAS IN A SITUATION THAT VIOLATED HIS RIGHTS AS A PERSON WITH A DISABILITY & THEY TURNED A BLIND EYE TO THESE VIOLATIONS OF PLAINTIFF RIGHTS.

14.) PLAINTIFF WAS HOUSED IN THE EAST HOUSE WHERE THE SHOWER WAS UP (3) FLOORS OF STAIRS (9.)

WHICH PLAINTIFF'S PERMIT ORDERS THAT HE STAY ON A LOW GALLERY & SLEEP ON A LOW BUNK BUT THIS GOES TO SHOW IDOC'S & MENARD'S EAST CELL HOUSE ISN'T ADA ACCESSIBLE FOR PLAINTIFF TO USE THE SHOWER IN DIRECT VIOLATION OF THE ADA & SHOWS THAT IDOC HAS AN UNWRITTEN POLICY TO DELIBERATELY VIOLATE THE RIGHTS OF INMATES WITH DISABILITIES SUCH AS PLAINTIFF.

15.) IDOC HAS KNOWN SINCE MENARD WAS BUILT (1878) THAT THE SHOWER IN THE EAST HOUSE WAS NOT ACCESSIBLE TO INMATES WITH WALKING DISABILITIES & MOVEMENT LIMITATIONS & ESPECIALLY ANYONE WITH AN ORDER FROM MEDICAL SAYING THAT HE COULDN'T GO UPSTAIRS LIKE PLAINTIFF WHO HAS A MEDICAL PERMIT TO STAY ON A LOW GALLERY & HAVE A LOW BUNK, & DEFENDANTS CHAIN, TOURVILLE, SNEEL, MCRAILA, WILLS, KUNNETT, LAWRENCE, JOHN DOE #1 (SGT.), & JOHN DOE #2 (PLACEMENT) KNEW THAT PLAINTIFF'S LOW GALLERY LOW BUNK PERMIT WAS NOT BEING HONORED & HIS DISABILITIES WERE NOT BEING ACCOMMODATED BECAUSE THEY ALL KNEW THAT HE HAD THE PERMIT BUT HIS CELLY HAD ONE ALSO & SO PLAINTIFF WAS FORCED TO CLIMB ONTO THE TOP BUNK & RISK (10.)

GETTING HURT BY FALLING... WHICH HE DID, ON (2) DIFFERENT OCCASIONS & GOT HURT.

CLAIM # 2 - INTENTIONAL INFLECTION OF EMOTIONAL DISTRESS

16.) DEFENDANTS SUBJECTED PLAINTIFF TO CONDITIONS SO SEVERELY EXTREME THAT THEIR ACTIONS CAUSED PLAINTIFF TO SUFFER AN EMOTIONAL DISTRESS

17.) PLAINTIFF WAS DENIED MEDICAL CARE & HE FELT SO HELPLESS THAT HE WENT ON A HUNGER STRIKE & WAS GOING TO GO ON SUICIDE WATCH AS A DIRECT RESULT OF WHAT DEFENDANTS SUBJECTED HIM TO BY NOT ACCOMMODATING HIS DISABILITIES.

18.) PLAINTIFF IS AT THE MERCY OF THESE DEFENDANTS TO PROVIDE PLAINTIFF WITH THE BASIC NECESSITIES OF LIFE, HE FOLLOWED EVERY DIRECTION THAT THESE DEFENDANTS GAVE HIM, TO PUT THEM ON NOTICE IF HE WASN'T SATISFIED WITH HOW HE WAS BEING TREATED, ... THEY IGNORED THEIR OWN RULES
(11.)

AS TO HOW ADA-ISSUE GRIEVANCES WERE SUPPOSED TO BE ANSWERED, THIS WAS DONE AS AN INTENTIONAL & KNOWING MINDSET THAT A MEDICAL ^{PERMIT} IS A PRESCRIBED MEDICAL COURSE OF TREATMENT, SO THIS PUTS THESE DEFENDANTS ON NOTICE BY PLAINTIFF FOLLOWING ALL THE RULES & AS A DIRECT RESULT OF DEFENDANTS DELIBERATELY IGNORING PLAINTIFF SENDING THEM LETTERS, HAVING HIS FAMILY CALLING TO THE WARDEN, WHO DIRECTED PLAINTIFF'S FAMILY (FIANCEE) TO THE HEALTH CARE UNIT ADMINISTRATOR - (HCUA-ANGELA CRAIN) & HIS FIANCEE INFORMED THESE DEFENDANTS THAT PLAINTIFF'S MEDICALLY PRESCRIBED PERMITS WERE NOT BEING HONORED & HE WAS IN PAIN... & THEY KNEW THAT THEIR ACTIONS WOULD DELIBERATELY BE IN DIRECT VIOLATION OF THE ADA DISABILITY ACT.

19.) DEFENDANTS KNEW THAT TURNING A BLIND EYE TO THESE VIOLATIONS WOULD CAUSE PLAINTIFF TO SUFFER AS A DIRECT RESULT OF HIS MEDICAL DISABILITY NOT BEING ACCOMMODATED BY MENARD/IDOC MEDICAL STAFF & OFFICERS & THEIR WILLFUL INTENT TO TREAT PLAINTIFF INHUMANE & BE DELIBERATELY INDIFFERENT TOWARDS HIS DISABILITY IN DIRECT VIOLATION OF THE ADA RULES OR DIRECTIVES.

20.) EVERYDAY THAT PLAINTIFF'S MEDICAL PERMIT
(12.)

WASNT HONORED, HIS DISABILITY & SERIOUS MEDICAL ISSUES WERE NOT ACCOMODATED & THIS CAUSED HIM TO SUFFER UNNECESSARILY, IN PAIN BY CLIMBING ONTO THE TOP BUNK WHEN HIS PERMIT CLEARLY SAYS LOW BUNK, IT WAS EITHER THAT OR SLEEP ON THE FLOOR WHERE ROACHES & MICE WALK AROUND

CLAIM #3 - DELIBERATE INDIFFERENCE

21.) Plaintiff was seen by the nurse practitioner for injuries that he sustained from slipping & falling while in his cell at another facility, & as a result of this visit with the NP at Menard Plaintiff was ~~then~~ provided with a course of treatment that included being prescribed a special permit that is needed to alert security, movement-OTs, placement, the cell house SGT., LT., MAJOR THAT AS A FORM OF TREATMENT Plaintiff has to be with a low gallery cell that can accommodate the physical

(13.)

INDURIES THAT I HAVE & ALSO PROVIDE PLAINTIFF WITH A BED THAT'S NOT ON THE TOP (LOW BUNK) BECAUSE PLAINTIFF HAS SERIOUS MEDICAL NEEDS, & CONDITIONS THAT LIMITED HIS ABILITY TO MOVE & WALK, ~~WHICH~~ & CAUSED HIM TO BE IN CONSTANT & SOMETIMES EXCRUCIATING PAIN.

22.) THE NURSE PRACTITIONER ORDERED THAT PLAINTIFF BE PROVIDED WITH A LOW GALLERY LOW BUNK, & PER THE CONTRACT BETWEEN WEXFORD & IDOR/STATE OF ILLINOIS NON-MEDICAL PERSONS ARE NOT SUPPOSE TO INTERFERE WITH MEDICAL CARE & TREATMENT & ASSIST WITH MAKING SURE THAT PLAINTIFF & ANY OTHER INMATE RECEIVE ADEQUATE MEDICAL CARE & MEDICAL TREATMENT FOR THEIR SERIOUS MEDICAL NEEDS.

23.) PLAINTIFF RECEIVED HIS MEDICAL PERMIT FOR A LOW GALLERY LOW BUNK & AS SOON AS HE SIGNED THE PERMIT / THE WHITE SHEET... THEY WERE SUPPOSE TO SEND A COPY OF THIS PERMIT TO PLACEMENT, CELLHOUSE SGT., D.O.N. SECRETARY, MEDICAL RECORDS/OTS: & ONCE THESE PEOPLE WERE PUT ON NOTICE ABOUT THE ISSUE OF PLAINTIFF'S SERIOUS MEDICAL NEEDS ^{THAT} WERE DISREGARDED BY THE ONLY PEOPLE THAT HE COULD GO TO ABOUT THESE ISSUES & THEY TREATED PLAINTIFF AS IF HE WAS THE PROBLEM BECAUSE HE WAS COMPLAINING ABOUT HIS ADA-
(14.)

RECOGNIZED DISABILITY NOT BEING ACCOMMODATED, DUE TO OVERCROWDING THAT PLACED PLAINTIFF WHO HAS A LOW GALLERY LOW BUNKY MEDICAL PERMIT IN THE CELL WITH ANOTHER INMATE WHO HAS THE SAME LOW GALLERY LOW BUNKY PERMIT, KNOWING THAT THERE IS ONLY ONE LOW BUNKY IN THESE SMALL CELLS.

24.) IF PLAINTIFF HAD BROKEN HIS LEG, HE WOULD MORE THAN LIKELY BE PROVIDED WITH CRUTCHES; THAT WOULD BE AN ACCOMMODATION TO; FOR THAT DISABILITY, SO WITH PLAINTIFF FALLING DOWN IN THE CELL; HURTING HIMSELF SO BAD THAT THE MEDICAL STAFF HAD TO PRESCRIBE PLAINTIFF WITH AN ORDER FOR HIM TO HAVE A LOW GALLERY; A LOW BUNKY, BUT THIS PERMIT WASN'T BEING HONORED, BY SECURITY; MEDICAL STAFF ALIKE.

25.) PLAINTIFF'S BACK, SHOULDERS, ARMS, LEGS WERE ALREADY; THESE ISSUES WERE A PART OF THE REASON THAT HE WAS PRESCRIBED A LOW GALLERY; LOW BUNKY MEDICAL PERMIT BECAUSE HE HAD FALLEN BEFORE; TO LIMIT HIM FROM BEING PUT IN THAT POSITION TO WHERE HE COULD POSSIBLY FALL; AS A DIRECT RESULT OF BEING MADE AWARE; PUT ON NOTICE OF THIS EXACT THREAT OF HARM, PLAINTIFF FELL ON (2) DIFFERENT OCCASIONS; WAS DENIED MEDICAL CARE; HIS CURRENT MEDICAL CARE WAS INTERFERED WITH BY HIS
(15.)

MEDICAL PERMIT NOT BEING HONORED; DELIBERATELY PLACING THE PLAINTIFF IN HARM'S WAY; SUBJECTING HIM TO UNNECESSARY PAIN & SUFFERING, AS WELL AS CRUEL & UNNECESSARY & UNUSUAL PUNISHMENT.

PLAINTIFF SPOKE WITH MAJOR TOURVILLE & SHOWED HIM HIS MEDICAL PERMIT & HE TOLD HIM THAT HE'S SUPPOSE TO BE MOVED FROM OUT OF THE CELL BECAUSE HIS CELLY HAS THE SAME EXACT MEDICAL PERMIT & TOURVILLE FIRST TOLD PLAINTIFF THAT PLACEMENT CLAIMED THAT NO PERMIT EXISTED IN HIS NAME, THEN HE TOLD PLAINTIFF THAT HE COULDN'T MOVE BECAUSE THERE WASN'T NO ROOM FOR HIM TO GET A BOTTOM GALLERY & A BOTTOM BUNK TO ACCOMMODATE THE DISABILITIES THAT PLAINTIFF HAS & THEN TOURVILLE TOLD PLAINTIFF THAT HE WASN'T GETTING MOVED SO HE CAN STOP ASKING ABOUT IT BECAUSE I'M NOT FUCKING MOVING HIM.

27.) TOURVILLE TOLD PLAINTIFF TO WRITE WHOEVER THE FUCK HE WANTED TO WRITE BECAUSE HE WAS IN CHARGE ROOM HERE (EAST HOUSE) & SO PLAINTIFF SENT LETTERS TO ADA-COORDINATORS KUNWERT, LAWRENCE, WILLS, & THE PLACEMENT OFFICER (JOHN DOE) LETTING THEM ALL KNOW THAT HE HAD A MEDICAL PERMIT THAT PRESCRIBED THAT PLAINTIFF RECEIVE A SPECIFIC COURSE (16.)

OF CARE = MEDICAL TREATMENT FOR A MEDICAL ISSUE
 = ISSUES THAT LIMIT HIS PHYSICALLY BEING ABLE
 TO MOVE AROUND = GET ABOUT THE INSTITUTION = THAT
 HAVE BEEN DIAGNOSED AS DISABILITIES UNDER THE
 AMERICANS WITH DISABILITIES ACT = NONE OF THESE
 DEFENDANTS HELPED PLAINTIFF GET MOVED FROM OUT
 OF THIS SITUATION THAT WAS PUTTING HIM IN DANGER
 OF FALLING DOWN BY TRYING TO CLIMB ON A BUNK BED.

28.) BY KEEPING PLAINTIFF IN THIS CELL KNOWING THAT
 HE WAS BEING DENIED ADEQUATE MEDICAL CARE
 BECAUSE THEY WERE KNOWINGLY INTERFERING WITH THE
 MEDICAL ISSUES THAT THE MEDICALLY TRAINED &
 EDUCATED MEDICAL STAFF - NURSE PRACTITIONER -
 HAD THOUGHT UPON AFTER AN EXAMINATION OF PLAINTIFF'S
 MEDICAL ISSUES THAT PLAINTIFF WAS LIMITED
 IN HIS MOBILITY = BECAUSE OF THESE SERIOUS MEDICAL
 ISSUES, THAT HIM GOING UP TO HIGHER GALLERIES
 WOULD CAUSE HIM TO SUFFER = WOULD PUT HIM AT RISK FOR
 FUTURE HARM IF HE WAS FORCED TO DO SO = ALSO THAT HIS
 MOBILITY IS SO LIMITED THAT HE COULDN'T BE PUT ON THE
 TOP BUNK.

29.) DEFENDANTS ARE MOSTLY NON-MEDICAL PERSONS BUT,
 THEY ARE BEING ALLOWED TO INTERFERE WITH THESE
 MEDICAL ORDERS THAT ARE PRESCRIBED COURSES OF TREATMENT
 (17.)

1
 2 MEDICAL CARE THAT THE MEDICAL PERSONS ORDERED
 3 THAT HE HAVE TO HELP ACCOMMODATE HIS MEDICAL ISSUES
 4
 5 DISABILITIES.

30.) PLAINTIFF ON SEVERAL DIFFERENT OCCASIONS SPOKE
 WITH DEFENDANTS TOURVILLE, LT. SNEEL, MCAYLA. LET
 THEM KNOW THAT HE HAD A SERIOUS MEDICAL ISSUE THAT
 HE WAS PRESCRIBED A COURSE OF TREATMENT FOR BY THE
 MEDICAL STAFF THAT ORDERED THAT PLAINTIFF BE PROVIDED
 WITH A LOW GALLERY LOW BUNK. THESE DEFENDANTS LET PLAINTIFF
 KNOW THAT EVEN THOUGH THEY KNEW THAT HE HAD THIS
 MEDICAL CONDITION, MEDICAL PERMIT THAT PRESCRIBED THIS
 COURSE OF TREATMENT... THAT THEY WERE NOT GONNA MOVE
 HIM TO ACCOMMODATE HIS INJURIES OR HIS DISABILITY OR TO
 HELP ENSURE THAT HE RECEIVE HIS BASIC NECESSITIES OF
 LIFE WHICH IS WHAT THE 8TH AMENDMENT PROTECTS
 US FROM. PLAINTIFF PUT DEFENDANTS ON NOTICE THAT
 THESE ISSUES WERE NOT ONLY NOT BEING TREATED AS
 THE DISABILITIES THAT THEY ARE ~~AND~~ THAT THE MEDICAL
 STAFF'S PRESCRIBED COURSE OF TREATMENT WAS NOT BEING
 FOLLOWED, SEEMINGLY IGNORED BY NON-MEDICAL STAFF WHO WERE
 DELIBERATELY INTERFERING WITH PLAINTIFF'S ACCESS TO
 ADEQUATE MEDICAL CARE & TREATMENT TO TREAT HIS
 SERIOUS MEDICAL NEEDS & ISSUES.

31.) PLAINTIFF COMPLAINED TO THESE DEFENDANTS
 (18.)

(TOURVILLE, SNELL, MCKAYLA) ON A DAILY BASIS FOR ABOUT A WEEK THAT HE HAD A MEDICAL PERMIT FOR A LOW GALLERY LOW BUNK — WHICH FOR MEDICAL REASONS HE'S SUPPOSE TO RECEIVE BUT HE WASN'T PROVIDED WITH ONE DUE TO SEVERE OVERCROWDINGS THAT RESULTED IN PLACEMENT (SOUNDING) NOT ADHERING TO OR COMPLYING WITH PLAINTIFF'S MEDICAL PERMIT THAT HE HAVE A LOW GALLERY & A LOW BUNK, BECAUSE THE MEDICAL INJURIES THAT HE SUSTAINED FROM A PREVIOUS FALL THAT HE SUFFERED

32.) PLAINTIFF WAS THREATENED WITH BEING SENT TO SEBERGATION IF HE CONTINUED TO COMPLAIN ABOUT NOT RECEIVING ADEQUATE MEDICAL CARE & TREATMENT BY TOURVILLE, SNELL & C-MCKAYLA WHEN THEY WERE PUT ON NOTICE THAT HE HAD A MEDICAL PERMIT THAT ORDERED THAT HE BE GIVEN A LOW GALLERY LOW BUNK & THEY DELIBERATELY IGNORED THE MEDICAL PERMIT/MEDICAL CARE & TREATMENT THAT THE MEDICAL ORDERED TO TREAT HIS SERIOUS MEDICAL NEEDS & INJURIES & TOLD HIM THAT HE HAD A CHOICE... TO EITHER CLIMB UP ONTO THE TOP BUNK & GET IN THAT BUNK OR I COULD BE CUTTED UP & SENT TO SEG BECAUSE YOU REFUSE TO QUIT HUNTING YOUR MOUTH & STOP COMPLAINING ABOUT NOT BEING MOVED FROM OUT THE CELL WHERE HE WAS BEING DELIBERATELY DENIED MEDICAL CARE & TREATMENT THAT CAUSED HIM TO SUFFER IN PAIN UNNECESSARILY.

(19.)

33.) Plaintiff stopped Tourville & Snell when they were making rounds & the nurse came around as plaintiff was explaining to both defendants why he was given a low gallery low bunk medical permit by the medical staff & he put them on notice that he had fallen in the cell & hurt his back, legs, arm & head & he stopped the nurse & had her explain to these (2) non-medical staff how he was being placed in danger of falling from off the top bunk by the medical permit not being honored by the cell house & placement officer (John Doe).

34.) Tourville told the nurse that if I fall, then that's the job of this nurse to put plaintiff back together again & he laughed with this nurse & Snell laughing with him & denying him the prescribed course of medical care & treatment once they had been put on notice that there was a problem. Tourville Snell & Makyla were put on notice that plaintiff was being denied his medical treatment & they deliberately turned a blind eye to this situation knowing that it was placing plaintiff in harm's way & causing him to suffer unnecessarily.

35.) Plaintiff wrote warden Will & the placement officer officer (John Doe) in an effort to help him get
(20.)

REMOVED FROM THIS CELL BEFORE HE GOT HURT AGAIN.

36.) ON 3/17/22 OR 3/18/22 PLAINTIFF FELL OFF THE TOP BUNKY & AGAIN HURT HIS BACK. HE WAS TOLD THAT ONCE HE WAS SEEN BY THE NURSE & ASSESSED AS BEING INJURED FROM FALLING OUT OF THE TOP BUNKY PLAINTIFF WAS TOLD THAT HE WOULD BE PLACED BACK INTO THE DANGEROUS SITUATION AGAIN WHERE HE WAS FORCED TO CLIMB UP ON THE TOP BUNKY & FALL DOWN & HURT HIMSELF AGAIN.

37.) PLAINTIFF PUT DEFENDANTS ON NOTICE WITH THE LETTERS HE WROTE, FROM THE GRIEVANCES HE WROTE, FROM SPEAKING FACE TO FACE WITH SNELL, TOURVILLE, McHAYLA & TO COUNTLESS NURSES WHO CAME TO THE CELL DAILY FOR MY CELLMATE. LET THEM KNOW THAT HE WAS ALREADY HURT, INJURED, & IN EXTREME PAIN. THAT'S WHY HE WAS GIVEN THE MEDICAL PERMIT (MEDICAL CARE/TREATMENT) FOR A LOW GALLERY. LOW BUNKY TO PREVENT HIM FROM GETTING HURT BY FALLING DOWN GOING UP THE STAIRS OR TRYING TO GET ONTO THE TOP BUNKY.

38.) EVEN THOUGH THESE DEFENDANTS WERE PUT ON NOTICE OF THE LIMITED MOVEMENT OF PLAINTIFF BECAUSE OF HIS MEDICAL INJURIES/DISABILITY, & PUT
(21.)

ON NOTICE THAT HE WAS TO HAVE HIS MOVEMENTS LIMITED EVEN MORE BY THE LOW GALLERY LOW BUNK TO HELP PROTECT HIM FROM FALLING DOWN & ONCE THEY WERE PLACED ON NOTICE OF THE DANGEROUS CONDITIONS THAT POSED A THREAT TO PLAINTIFF, THEY HAD A DUTY TO PROTECT HIM FROM THE DANGER & INSTEAD OF PROTECTING HIM THESE DEFENDANTS THEY EITHER PUT HIM IN THE DANGER & OR TURNED A BLINDEYE TO THIS DANGER - (CRAIN, TOURVILLE, SNELL, MCKAYLA, KUHNER, LAWRENCE, JOHN DOE - PLACEMENT OFFICER, WILLS)

39.) THEN, AFTER PLAINTIFF GOT HURT FROM FALLING OFF THE TOP BUNK (WHICH IS ABOUT 5 FEET OFF THE GROUND) THESE SAME DEFENDANTS ~~WENT~~ TOLD PLAINTIFF THAT HE WAS GOING BACK TO HIS CELL OR THAT HE WAS GOING TO SEG.

40.) PLAINTIFF WAS THREATENED WITH A DISCIPLINARY TICKET BECAUSE HE WAS PRESCRIBED A COURSE OF MEDICAL TREATMENT THAT WAS PRESCRIBED TO TREAT HIS SERIOUS MEDICAL NEEDS, INCLUDING HIS LIMITED MOVEMENT & IT WASN'T BEING HONORED BY HIS CURRENT HOUSING PLACEMENT & THE DEFENDANTS WANTED HIM TO GO BACK INTO THIS DANGEROUS CONDITION/ENVIRONMENT WHERE THESE DANGERS ARE STILL PRESENT & HE TOLD THEM HE WASN'T GOING BACK INTO THE CELL
(22.)

BECAUSE HE HAD A MEDICAL PERMIT FOR THE LOW GALLERY LOW BUNKY & HE COULD NOT CLIMB UP INTO THE TOP BUNKY DUE TO THE DANGER IT PRESENTED & HIS MEDICAL DISABILITY, WHICH HAD NOW GOTTEN WORSE BECAUSE OF THE FALL HE TOOK.

41.) ALL THESE DEFENDANTS KNEW THAT HE WAS MEDICALLY LIMITED IN MOVEMENT & HAD A DOCTOR'S ORDER TO HAVE A LOW GALLERY LOW BUNKY & THEY DELIBERATELY IGNORED THAT MEDICAL PERMIT WHEN THEY WERE PUT ON NOTICE ABOUT IT UNTIL PLAINTIFF FELL OUT THE TOP BUNKY & HURT HIMSELF AGAIN.

42.) THAT'S DELIBERATE INDIFFERENCE & AN 8TH AMENDMENT VIOLATION. PLAINTIFF WENT ON A HUNGER STRIKE & HE WAS THEN MOVED FROM THE DANGEROUS CONDITIONS.

CLAIM #4 - INTENTIONAL
INFLECTION OF EMOTIONAL DISTRESS

43.) DEFENDANTS SUBJECTED PLAINTIFF TO CONDITIONS SO SEVERE & EXTREME THAT IT PLACED HIM IN A SITUATION THAT COULD & WOULD HARM HIM & DEFENDANTS KNEW THAT HE WAS IN DANGER OF BEING HARMED & NEVER MOVED HIM UNTIL HE FELL FROM THE TOP BUNK & GOT HURT AGAIN BECAUSE DEFENDANTS DELIBERATELY WENT AGAINST THE DOCTOR PRESCRIBED COURSE OF MEDICAL CARE & TREATMENT.

44.) AFTER FALLING OUT THE BED, DEFENDANTS THREATENED HIM WITH A TICKET & FORCED HIM BACK INTO THE SAME CELL & SAME SITUATION THAT JUST GOT HIM HURT THAT'S EXTREME & AN WILLFUL ACT TO CAUSE HIM TO BE SUBJECTED TO CONDITIONS THAT THEY KNEW WOULD CAUSE HIM TO SUFFER UNNECESSARILY.

45.) PLAINTIFF DECLARED THAT HE WAS GOING ON A HUNGER STRIKE & WAS WILLING TO GO ON SUICIDE WATCH & WILLING TO BE WRITTEN A DISCIPLINARY TICKET SO THAT HE WOULDN'T HAVE TO GO BACK INTO THAT SAME CELL WHERE HE WAS BEING SUBJECTED TO UNSAFE LIVING CONDITIONS THAT HE WAS GIVEN DIRECT ORDERS NOT TO DO BY THE MEDICAL STAFF.

46.) THESE DEFENDANTS BY NOT MOVING PLAINTIFF FROM OUT OF THE CELL WHERE HIS MEDICAL PERMIT WASN'T BEING HONORED & BY THEIR ACTIONS THEY SUBJECTED PLAINTIFF TO CONDITIONS SO CRUEL THAT THEY CAUSED HIM TO BE SUBJECTED TO EMOTIONAL DISTRESS & THEN WANTED TO PUT HIM BACK INTO THE CELL TO SUBJECT HIM TO THE SAME DANGEROUS CONDITIONS THAT THEY WERE ON NOTICE ABOUT THAT CAUSED HIM TO FALL FROM OFF THE TOP BUNK, WHERE HE WASN'T SUPPOSE TO BE IN THE FIRST PLACE.

Relief Requested:

He wants to sue each Defendant in their individual capacity. He wants his medical permits honored & his disability accommodated. He wants Menard closed because they refused to accommodate his ADA-disability & the medical care & treatment that he was prescribed by medical staff to treat his disability & injuries. He wants to be financially compensated (\$500,000) for the violations to his 8th Amendment Constitutional right that caused him to suffer unnecessarily & to hurt himself by Defendants' acts & actions, & them turning a blind eye to the danger that they subjected him too. Plaintiff requests a trial by jury & injunctive relief to prevent this from happening ever again to him.

DATE: 11/11/23

KEVIN LUNDY # B-21613

Kevin Lundy B-21613
SIGNATURE

P.O. BOX 1000
MENARD, ILL. 62259
MENARD CORR. CTR.



11-30-23

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, pleading, etc. to the U.S. District Court for the Southern District of Illinois for review and filing.

Lundy, Kevin
Name

R21613
ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition?

Yes or No

If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254

2. Is this an Amended Complaint or an Amended Habeas Petition?

Yes or No

If yes, please list case number: N/A

If yes, but you do not know the case number mark here: _____

3. Should this document be filed in a pending case?

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If yes, please list case number: N/A

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4. Please list the total number of pages being transmitted:

51

5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

- Complaint
- Exhibits

Name of Document

Number of Pages

25
26

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfiled.

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Lundy
(Last Name)Kevin
(First Name)ID#: R21613
(MI)

Date/Time	Subjective, Objective, Assessment	Plans
3/18/2023 105	RN Note Call transferred from Warden's office d/H family medical concerns. The person on the phone was a female that identified herself as Kristin(sp) Gray, Mr. Lundy's fiancée. Ms. Gray voiced concerns of Mr. Lundy's medical needs not being met. Ms. Gray specifically questioned the "Shower on gallery" permit, and alternate cutting permit. I explained to Ms. Gray that NP Moldenhauer is not here to discuss the concerns related to the permits by security. Ms. Gray became very rude and argumentative and this HCUA discontinued the phone conversation after telling her, "Ms. Gray we are not getting anywhere with this conversation." Warden's office notified of phone conversation. Angela Crain RNBSNT	



(EXHIBIT-B)

The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: March 27, 2023
TO: Dinkins, Corrections Counselor II

RECEIVED
MAR 31 2023
MENARD CC
GRIEVANCE OFFICE

FROM: Angela Crain, RN, BSN, HCUA

SUBJECT: Lundy, Kevin R21613 Grievance #214-5-22

I am in receipt of Individual Lundy, Kevin R21613 medical grievance 214-5-22 regarding medical treatment. Individual states he was given a low bunk permit and has been in constant pain due to having to climb up to the top bunk. After reviewing the individuals medical record, he received a low bunk permit on 3/3/22. According to his placement, he has been on a low bunk since 3/18/22. The medical records do not substantiate claims.


Angela Crain, RN, BSN, HCUA

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

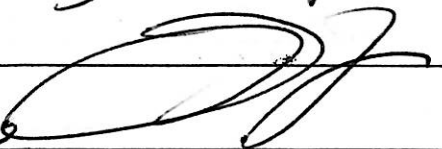
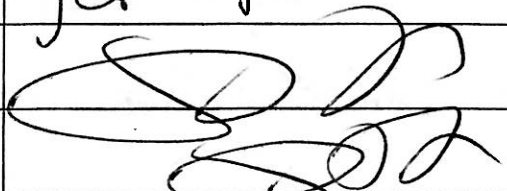
www.illinois.gov/ldoc

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Lundy Kevin ID#: R21613
Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
03/03/22 345p	RN Note S/O spoke to NP moldenhauer. Given Low Bunk, Low Gallery permit for one year A) Permit	P) Cont'd Plan of Care. B) Denbar RN
3/10/22 1200	PTA Note S/O states same symptoms O) shld exer A) pt denied his exercise due to mental state	P) Cont'd PO 
3/16/22 100	PTA Note S/O states same symptoms O) shld exer A) consistent with no more in it	P) Cont'd PO 

Offender Outpatient Progress Notes

Menard Correctional Center

Non-Specific Discomfort

Offender Information:

Lundy

Last Name

Kevin

First Name

MI

ID#: R2120/3

Date/Time	Subjective, Objective, Assessment	Plans
03/03/22 9A	RN NOTE LPN/CMT NOTE S) - Any Allergies? - Location of pain / discomfort? <i>Everywhere</i> - Describe pain: <input checked="" type="radio"/> Stabbing <input checked="" type="radio"/> Throbbing <input checked="" type="radio"/> Constant Intermittent Etc. - Have you had this pain before and how was it treated? <i>yes meds</i> - Rate pain level scale of 1 - 10? <i>10</i> - Duration of pain? <i>Months</i> O) <i>T974 P 98 R 18 BP 148/84 WT 204.8</i> - Signs of obvious discomfort <input checked="" type="radio"/>	P) MD Referral If: - Patient presents more than twice at NSC for c/o same discomfort within one month <input checked="" type="radio"/> Patient presents with signs of acute, severe discomfort - Patient has abnormal vital signs No MD referral: - Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets) - Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs) Patient Teaching: <input checked="" type="radio"/> Return to see provider if symptoms worsen or interfere with daily functioning - had MRI in feb, show multiple injuries. - Urgent referral to podiatry. A) Non-Specific Discomfort
		Nurse Signature <i>BDunlar RN</i> Payment voucher YES <input checked="" type="radio"/> NO

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002)
(Replaces DC 7147)

W-2-03

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report

Date Received: 03/31/2023

Date of Review: 04/24/2023

Grievance # (optional): 214-5-22

Offender: LUNDY, KEVIN

ID#: R21613

Nature of Grievance:
Medical Treatment

Facts Reviewed:

Individual in custody submitted a grievance dated 05/17/2022 grieving low bunk permit was not adhered to causing him injuries and resulting pain.

Relief Requested: Inductive double mattress. Monetary relief \$10,000 and punitive relief \$5,000.

Counselor responded on via HCU memo on 03/28/2023: After reviewing the individual's medical records, he received a low bunk permit on 03/03/2022. According to his placement, he has been on a low bunk since 03/18/2022. The medical records do not substantiate claims.

Grievance Office reviewed on 04/24/2023: This grievance officer concurs with counselor/HCU response. A review of Offender 360 does not reflect a Larry Price residing in WCH 02-03. Furthermore, it is out of the jurisdiction of the Menard Correctional Center Grievance Office to grant monetary requests. If the individual in custody wishes to be assessed in regard to a special mattress he is advised to follow proper procedure and submit a sick call request.

Recommendation:

It is the recommendation of this Grievance Officer that the inmate's grievance be DENIED.

Sara McClure - Menard Correctional Center

Sara McClure

Digitally signed by Sara McClure
Date: 2023.04.24 14:59:06 -0500

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: APR 27 2023

☒ I concur☐ I do not concur☐ Remand

Action Taken:

BY:

Chief Administrative Officer's Signature

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date

Distribution: Master File; Offender

Page 1

DOC 0047 (Rev. 3/2019)

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Offender: LUNDY KEVIN R21613
Last Name First Name MI ID#

Facility: MENARD

☒ Grievance: Facility Grievance # (if applicable) 214-5-22 Dated: 5/17/2022 or ☐ Correspondence: Dated: _____

Received: 5/8/2022 Regarding: Claims injured while climbing bed on 3-17-22 after placement in cell with another low bunk permitted individual.
Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
 Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62703

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____
Date
- ☐ No justification provided for additional consideration.

Other (specify): Outside 60 day time frame to file a grievance as outlined in DR504(F).

Completed by: Clayton Stephenson
Print Name


Signature

7/28/2023
Date

Distribution: Offender
 Inmate Issues

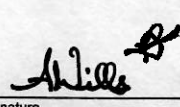
Printed on Recycled Paper

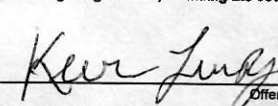
DOC 0070 (Rev. 3/2018)

W-2-03

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 03/31/2023	Date of Review: 04/24/2023	Grievance # (optional): 214-5-22
Offender: LUNDY, KEVIN		ID#: R21613
Nature of Grievance: Medical Treatment		
<p>Facts Reviewed:</p> <p>Individual in custody submitted a grievance dated 05/17/2022 grieving low bunk permit was not adhered to causing him injuries and resulting pain.</p> <p>Relief Requested: Inductive double mattress. Monetary relief \$10,000 and punitive relief \$5,000.</p> <p>Counselor responded on via HCU memo on 03/28/2023: After reviewing the individual's medical records, he received a low bunk permit on 03/03/2022. According to his placement, he has been on a low bunk since 03/18/2022. The medical records do not substantiate claims.</p> <p>Grievance Office reviewed on 04/24/2023: This grievance officer concurs with counselor/HCU response. A review of Offender 360 does not reflect a Larry Price residing in WCH 02-03. Furthermore, it is out of the jurisdiction of the Menard Correctional Center Grievance Office to grant monetary requests. If the individual in custody wishes to be assessed in regard to a special mattress he is advised to follow proper procedure and submit a sick call request.</p>		
<p>Recommendation:</p> <p>It is the recommendation of this Grievance Officer that the inmate's grievance be DENIED.</p>		
Sara McClure - Menard Correctional Center		Sara McClure
<small>Print Grievance Officer's Name</small>		<small>Grievance Officer's Signature</small>
<small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response		
Date Received: APR 27 2023	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur
Action Taken: BY: _____	<input type="checkbox"/> Remand	
 <small>Chief Administrative Officer's Signature</small>		4/27/23 <small>Date</small>

Offender's Appeal To The Director		
<p><small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small></p>		
 <small>Offender's Signature</small>	R-21613 <small>ID#</small>	5/4/23 <small>Date</small>

RECEIVED

MAY 08 2023

ADMINISTRATIVE
REVIEW BOARD

MAY 20 2022

1st Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender's Grievance

Date: 5/17/22	Offender (please print): Kevin Lundy	ID #: R-21613	Race (optional): Black
Present Facility: Menard		Facility where grievance issue occurred: Menard	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☐ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Resto **RECEIVED** Credit
☐ Transfer Denial by Facility ☐ Other (specify): _____
☐ Disciplinary Report

MAR 31 2023

Date of report

Facility where issued: MENARD CC
GRIEVANCE OFFICE

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drug issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information each person involved):

This is the second time I'm writing this grievance. The first time I never got a response. I followed proper protocol. On 3/3/22 I was given a low bunk permit. On 3/8/22 I was placed/housed in a cell with individual in custody Larry Price who also had a low bunk permit. I was forced to climb up into and out of the top bunk with injuries to both shoulders Right elbow and both

☒ Continued on reverse

Relief Requested:

1. Inducture Double Mattress Monetary Relief 10,000 \$
 Punitive Relief 5,000 \$

RECEIVED
 MAY 09 2023
 ADMINISTRATIVE
 REVIEW BOARD

- ☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Kevin Lundy

Offender's Signature

R-21613

ID#

5/17/22

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 5/20/22 ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

See attached response from HCU.

Print Counselor's Name

Sign Counselor's Name

3/28/23
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance office

EMERGENCY REVIEW:

Date Received: _____

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Distribution: Master File; Offender

Page 1 of 2

11E Medical treatment / Pain med
 DOC 0048 (Rev. 01/20)

Assigned Grievance #/Institution: _____

Housing Unit: _____

Bed #: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec: _____

2nd Lvl rec: _____

01. ~~Foot~~ on two occasions I ~~fell~~ fell from the top
 bunk trying to climb down. I hurt my back on 3/17/22
 from the time I was prescribed the permit I begged my
 gallery & the Sgt. Lt. Snell all the way up to Major Tamm!!
 I kept getting the runaround. When I hurt my back I
 got fed up and the next day I declared hunger strike.
 I saw a nurse that day and that's the day ~~the~~ the
 Major had me moved to a cell that would accommodate
 my permits. Since then I have been given muscle relaxers
 for that injury. I had my mother and wife call up here.
 I filed a grievance that was never answered. I told
 every one in that cell house. I even asked the physical therapist
 for help. I was housed in East house cell 204 when the
 injury occurred. Since then I have been in constant pain.

CC:1

JB Pritzker
Governor



Rob Jeffreys
Director

The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: March 27, 2023

TO: Dinkins, Corrections Counselor II

FROM: Angela Crain, RN, BSN, HCUA

SUBJECT: Lundy, Kevin R21613 Grievance #214-5-22

RECEIVED
MAR 31 2023
MENARD CC
GRIEVANCE OFFICE

I am in receipt of Individual Lundy, Kevin R21613 medical grievance 214-5-22 regarding medical treatment. Individual states he was given a low bunk permit and has been in constant pain due to having to climb up to the top bunk. After reviewing the individuals medical record, he received a low bunk permit on 3/3/22. According to his placement, he has been on a low bunk since 3/18/22. The medical records do not substantiate claims.

RECEIVED
MAY 08 2023
ADMINISTRATIVE
REVIEW BOARD


Angela Crain, RN, BSN, HCUA

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

www.illinois.gov/ldoc

5/4/23
My grievance was held from 5/20/22 until
4/27/23. Also Larry Price was my
cellmate from February 1st 2022 until March
18th in "EAST 204" not West 203 As I
stated in my grievance I was given
a low bunk permit 3/3/22 I hurt my back
2 weeks later on 3/18/22 I had to
declare hunger strike to be moved and only
then was I moved.

Kevin Lundy R-216B
W-203

RECEIVED
MAY 08 2023
ADMINISTRATIVE
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec:

2nd Lvl rec:

Date: <u>7/20/22</u>	Offender (please print): <u>KEVIN LUNDY</u>	ID #: <u>R-21613</u>	Race (print): <u>W</u>
Present Facility:		Facility where grievance issue occurred:	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☐ Medical Treatment ☐ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☒ Other (specify): Grievance for back injury #214-5-22
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drug
 issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information
 each person involved):

on 3/16/22 I fell out of the top bunk in the east house
 cell 205. me and my cellmate had low bunk permits weeks
 before this injury occurred. I begged major tourville, ltsnell
 officer mckay/A (292150) the cell house ggt to give
 my medical permits for low bunk and disability be accommodated
 no one moved me. I spoke to medical personnel even my
 physical therapist but nothing happened. I wrote and spoke
☒ Continued on reverse

Relief Requested:

For monetary and inductive relief for punitive relief.
 For double mattress permit for grievance officer to
 be removed for demand to hire a Doctor to be
 given one man cell status for injuries sustained

- ☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Kevin Lundy
 Offender's Signature

R-21613
 ID#

7/20/22
 Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

RECEIVED
 AUG 2 9 2022
 ADMINISTRATIVE
 REVIEW BOARD

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received:

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Assigned Grievance #/Institution: _____

Housing Unit: _____

Bed #: _____

USIU YBFI TFW JUD

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec: _____

1st Lvl rec: _____

to the warden. Still nothing my family had to call up here to Menard and Springfield. I also had to declare a hunger strike March 17th. That day I was moved to North 2 I got 132. I wrote the grievance the grievance officer has intentionally held my grievance ~~to~~ to impede the grievance process. She responded to grievances that I wrote after this issue occurred but she never responded to this grievance #21-1-5-2. because she can not dismiss or explain away this deliberate indifference. I have records to substantiate my claims as well. I wrote the grievance officer but have yet to receive a response. I don't have the original copy because the grievance officer still has it. Menard has not done any copies because they had no foner for foner printer. All facts in this grievance are true as stated. I am dealing with pain daily because no one protected me.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Offender: LUNDY Last Name KEVIN First Name R21613 MI ID#

Facility: MENARD

☒ Grievance: Facility Grievance # (if applicable) _____ Dated: 7/20/2022 or ☐ Correspondence: Dated: _____

Received: 9/29/2022 Regarding: Misconduct claims against Lt. Tourville, Lt. Snell, C/O McKayla for inaction leading to 3-16-22 for top bunk. Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date
- ☐ No justification provided for additional consideration.

Other (specify): Issues are from on or before 3-16-22 meaning that they are outside of the 60 day time frame to file a grievance. Lundy also alleges this issue was previously grieved in grievance# 214-5-22. Send grievance #214-5-22 for appeal at ARB when it is received and if you want to pursue the issue.

Completed by: Clayton Stephenson Print Name

Signature

9/2/2022 Date

State of Illinois - Department of Corrections

Counseling Summary

IDOC #	R21613	Counseling Date	03/31/23 09:03:09:083
Offender Name	LUNDY, KEVIN	Type	Collateral
Current Admit Date	11/09/2007	Method	Grievance
MSR Date	06/23/2065	Location	MEN GRIEVANCE OFFICE
HSE/GAL/CELL	W -02-03	Staff	HARGIS, ALLISON, Office Coordinator

Grievance Office received grievance #214-5-22 (2nd Level Review) regarding medical treatment/pain meds & permits for back injury, dated 5/17/22.

Tiger

Menard Correctional Center

DOC 0084 (Eff. 9/2002
(Replaces DC 7147)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Non-Specific Discomfort

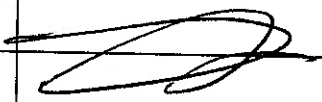

Offender Information:

Lundy Kevin ID#: R21613
 Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
3/8/22 1945	RN NOTE DPN/CMT NOTE S) - Any Allergies? <u>NKA</u> - Location of pain / discomfort? <u>Both arms + back + feet</u> - Describe pain Stabbing Throbbing <u>Constant</u> Intermittent Etc. - Have you had this pain before and how was it treated? <u>SIR no</u> - Rate pain level scale of 1 - 10? <u>Back 8 arms 10 feet 10 worse</u> - Duration of pain? <u>constant</u> O) <u>T 3 P 9490 R 20 BP 150/82 WT 200</u> - Signs of obvious discomfort <u>Ambulates in a limp.</u> <u>Doesn't go to yard SIR Doesn't</u> <u>know last time in yard.</u> - Observations related to body part affected <u>Sits in a lean due to back</u> <u>hurting SIR falling out of bunk.</u> <u>Permits</u> • <u>No shower on gallery 3 flights to shower</u> • <u>Lower bunk</u> <u>Cell mate has low bunk helps him in his cell.</u> <u>Instructed to rest.</u> <u>SIR being on hunger strike</u> <u>due to not moving to</u> <u>lower bunk.</u> <u>CO aware.</u>	P) MD Referral if: - Patient presents more than twice at NSC for c/o same discomfort within one month - Patient presents with signs of acute, severe discomfort - Patient has abnormal vital signs No MD referral: <u>Takes Robaxin + Naproxen</u> - Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets) - Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs) Patient Teaching: - Return to see provider if symptoms worsen or interfere with daily functioning <u>Reviewed Back exercises.</u> <u>Cont. physical tx.</u> Nurse Signature <u>C. Madigan RN</u> Payment voucher <u>YES</u> <u>NO</u>

Visit Due to request Wellness visit.

Menard Correctional Center

Date/Time	Subjective, Objective, Assessment	Plans
3/25/22 1200	PTA note S) pt state he needs have ran out O) no exercise. A) complete session discuss his needs	P) cont r por 
3/28/22	PTA note S) pt state some issue O) shldh run A) complet with no injury in par	P) cont r go 

Offender Name: LUNDY, KEVIN ID#: N21613Date of medical examination: 05/26/19 Time: 11⁰⁰ ☒ am ☐ pm. Physician Contacted: ☐ Yes ☐ NoS (Subjective Findings): "I slipped in the cell & now my back hurts" Resident StatedO (Objective Findings): Resident A40 X3, & Acute Distress noted.
No Hx any underlying illness, No Hx any Allergies.Vitals: T 98.4 P 86/m R 16/m BP 140/84 Tetanus _____On Examination: Head to toe No Visual injuries noted.
S/R lower back & shoulders hurting.
& other complaints offered.A (Evaluation of Injury): ① S/R lower back PainP (Treatment and Follow-up): ① Reassurance & Pt. Education.
② ICE x 24° x A-A
③ RN/SC for further eval. Tx/Mx. 05/27/19.
④ See HCU & PRN — N. Naffar

Disposition of patient:

☐ Return to assignment ☐ Housing Unit ☐ Lay in ☐ Infirmary ☐ Segregation ☒ RN/SC
☐ Off-site referral for treatment (Destination) _____N. Naffar

Print Name of Person Completing Form

com

Title

N. Naffar

Signature

05/26/19

Date

To Be Completed By Physician

I have reviewed this report and would like to see this offender: ☐ Immediately ☒ Next Sick Call ☐ PRNC. B. Smith

Print Physician Name

com

Physician's Signature

6/1/19

Date

Side 2

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Injury Report

Offender Name: LUNDY, KEVIN ID#: R21613Age: 34 Date of Birth: 02/11/84 Sex: M Race: BLKDate of Injury: 05/26/19 Time of Injury: 10⁴⁵ ☒ am ☐ pm Location: X-House (IE-8)How did the injury occur? I slipped in the cell & now my back hurts
Resident stated.Was it witnessed by staff? ☒ No ☐ Yes (If yes, please list names)

Location in facility:

- ☐ LTA (gym, basketball, football, etc.)
- ☐ Group (therapy)
- ☒ Housing Unit (cell, dayroom, tv room, etc.)
- ☐ School (classroom, library)
- ☐ Kitchen
- ☐ Other _____

Type of Injury:

- ☐ Sports
- ☐ Assault
- ☐ Job Related
- ☒ Non-job Related
- ☐ Self-inflicted
- ☐ Fight

Signature N. N. N. N.Title CWOTDate 05/26/19

(Medical Report on Reverse Side)

Side 1

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

Lundy

Last Name

Kevin

First Name

MI

ID#: N21613

Date/Time	Subjective, Objective, Assessment	Plans
5/27/19	RNSC Note:	
9:00a	"My shoulder & back still hurt".	MDSC 6/3/19
	0:11m AXDx3. 11m speech clear & coherent. 11m seen med tech	
	5/26/19 D/T 8/R slip in cell.	
	Q&S of acute distress noted @ this time. No visual injury noted @ this time. 11m referred	
	to MDSC 6/3/19	
	A: pain	Mr. [Signature]
5-28-19 10:06	RNSC Note	
	"My Back & Shoulder."	MDSC 6-3-19
	Alert & oriented x3 Speech	CPM
	clear & coherent. S/R no	Return to NSC PPN
	change.	
	Reassured Appt scheduled 11m verbalized understanding	

TO: ADA Coordinator
Kevin Lundy #B-21613
Date 3/5/22
RE: Medical permit

I have a Medical Permit for low gallery low bunk That was given to me by the Nurse Practitioner But its not being honored by the Cellhouse or Placement. I am currently on the top bunk because my cellie Also has a low bunk low gallery permit. Could you please help me get moved because I have a disability that says im not suppose to be on the top bunk. There aint no ladder to help me get up & Down & I dont want to hurt myself trying to get in or out of this top bunk.

~~_____~~

✓

TO: ADA-Coordinator

Kevin Lundy # B-21613

Date 3/11/22

RE: Medical Permit

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This is my second letter to you about the issue of the cell house staff (Sgt. Lt. Mator) or placement honoring ~~honoring~~ my Medical permit for A Low Gallery Low bunk. I'm still getting up & down on the top bunk because my celly Larry Price has the exact same permit - Low gallery - Low bunk. If you look at my medical records it will show you my permit was issued on 3/3/22 because I have a disability that makes it hard for me to get on the top bunk. I'm in pain all the time could you please both help me get moved out of this cell so I can get my permit honored. I already slipped and fell once already yesterday 3/10/22. Please help me. I was told by the nurse to write you and you'll get me moved. I've written to placement and they haven't written me back either so please help me get moved.

TO ADA Coordinator

Kevin Lundy R-21613

Date 3/17/22

RE: Medical Permit

Third Letter

I fell off of the top bunk. Trying to get up on the top bunk. I have had a low gallery low bunk permit since 3/3/22 and since then I have been writing to you, placement, The Warden about my disability not being accommodated and begging to be moved so I would not fall down and here it is I've fallen down and hurt my back and shoulders. I still haven't been moved even after falling out the top bunk and showing that my low gallery low bunk permit wasn't being honored.